

# 8.443.13 RATE EFFECTIVE DATE

8.443.13.A. ~~For cost reports filed by all facilities except the State-administered Class IV facilities, the rate shall be effective on the first day of the eleventh (11th) month following the end of the nursing facility's cost reporting period.~~

For cost reports filed by all facilities except the State-administered Class II and IV facilities, a July 1<sup>st</sup> and subsequent Schedule of Core Components Reimbursement Rates shall be established by the Department based on the last day of the cost reporting fiscal year end. The July 1<sup>st</sup> Schedule of Core Components Reimbursement Rate shall be based on the cost reporting period ending no later than the previous April 30<sup>th</sup>.

Additional Schedule of Core Components Reimbursement Rates shall be established as follows:

1. Rate effective on the first day of the 11<sup>th</sup> month following the end of the facility's cost reporting period.
2. Rate effective on the first day of the 6<sup>th</sup> month following the rate effective date stated in 8.443.13.A.1.
3. If the 11 month or 6 month rate stated in 8.443.13.A.1 and 8.443.13.A.2 coincide with July 1<sup>st</sup>, only two rates will be established.
4. If the 6 month rate stated in 8.443.13.A.2 is after the July 1<sup>st</sup> rate set by the subsequent cost report, only two rates will be established.

<u>Provider Cost Report Fiscal Year End</u>	<u>Effective Date of Rate</u>	<u>Acuity Adjusted 11 Month Rate Effective Date</u>	<u>Acuity Adjusted 6 Month Rate Effective Date</u>
<u>01/31/Year 1</u>	<u>07/01/Year 1</u>	<u>12/01/Year 1</u>	<u>06/01/Year 2</u>
<u>02/28/Year 1</u>	<u>07/01/Year 1</u>	<u>01/01/Year 2</u>	<u>07/01/Year 2 (N/A)</u>
<u>03/31/Year 1</u>	<u>07/01/Year 1</u>	<u>02/01/Year 2</u>	<u>08/01/Year 2 (N/A)</u>
<u>04/30/Year 1</u>	<u>07/01/Year 1</u>	<u>03/01/Year 2</u>	<u>09/01/Year 2 (N/A)</u>
<u>05/31/Year 1</u>	<u>07/01/Year 2</u>	<u>04/01/Year 2</u>	<u>10/01/Year 2</u>
<u>06/30/Year 1</u>	<u>07/01/Year 2</u>	<u>05/01/Year 2</u>	<u>11/01/Year 2</u>
<u>07/31/Year 1</u>	<u>07/01/Year 2</u>	<u>06/01/Year 2</u>	<u>12/01/Year 2</u>
<u>08/31/Year 1</u>	<u>07/01/Year 2</u>	<u>07/01/Year 2 (N/A)</u>	<u>01/01/Year 3</u>
<u>09/30/Year 1</u>	<u>07/01/Year 2</u>	<u>08/01/Year 2</u>	<u>02/01/Year 3</u>
<u>10/31/Year 1</u>	<u>07/01/Year 2</u>	<u>09/01/Year 2</u>	<u>03/01/Year 3</u>
<u>11/30/Year 1</u>	<u>07/01/Year 2</u>	<u>10/01/Year 2</u>	<u>04/01/Year 3</u>
<u>12/31/Year 1</u>	<u>07/01/Year 2</u>	<u>11/01/Year 2</u>	<u>05/01/Year 3</u>

8.443.13.B. For 12-month cost reports filed by the State-administered Class IV facilities, the rate shall be effective on the first day covered by the cost report.

8.443.13.C. ~~The permanent rate shall be established, issued and shall pay Medicaid claims billed on and after the later of the following dates:~~

~~1. The beginning of the provider's new rate period, as set forth in 10 CCR 2505-10 section 8.443.13.A, or~~

~~2. One hundred (100) days after the date the MED-13 is filed by the provider.~~

A July 1 Medicaid Management Information System (MMIS) rate shall be established, issued and pay Medicaid claims with dates of services on and after, July 1 of each year. The rate shall be equal to the July 1 MMIS rate established in the previous year, prior to statutory adjustments, plus the applicable allowable growth. The July 1 MMIS rate shall not exceed limitations defined in C.R.S. 25.5-6-202(9)(b)(I) and may be subject to statutory adjustments.

8.443.13.D. ~~In the event a permanent rate cannot be established, issued and paid as set forth at 10 CCR 2505-10 section 8.443.13.A:~~

~~1. The Department shall establish and issue a temporary rate calculated on the provider's filed cost report without adjustments.~~

~~2. All temporary rates shall, at the time the permanent rate is established, issued and paid, be subject to adjustment and recovery of any over or under payments.~~

The July 1<sup>st</sup> MMIS rate established at 8.443.13.C will be reconciled to the Schedule of Core Components Reimbursement Rate(s) established in 8.443.13.A based on the adjusted MED-13. The reconciled amount will be included in the supplemental payment calculation for the state fiscal year following the calculation of the final Schedule of Core Components Reimbursement Rate and will be subject to available funding.

8.443.13.E. Any delay in completion of the audit of the MED-13 ~~that occurs within 90 days from the filing of the MED-13, and~~ that is attributable to the provider, shall operate, on a time equivalent basis, to extend the time in which the Department shall establish the Schedule of Core Components Reimbursement Rates, ~~issue and pay a temporary rate~~ under the provisions set forth in 8.443.13.A above.

8.443.13.F Delay in completion of the audit that is attributable to the provider shall include, but not be limited to, the following:

1. Failure of the provider to meet with the contract auditor at reasonable times requested by the auditor;

2. Failure of the provider to supply the contract auditor with information reasonably needed to complete the audit, including the Medicare cost report that the provider most recently filed with the Medicare fiscal intermediary or other Medicare information approved by the Department.

3. The time period that elapses during completion of the procedures described in 10 CCR 2505-10 section 8.442.1, whichever is relevant and later in a particular case.

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